

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)
CHARITTA BURT, PAS

U. S. Application No. 10/ 598 903

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Notice of Defective Response (916) JP /

Notice of Acceptance (903) 14-May-07 /

Notice of Abandonment (909) JP /

Notice regarding CRF Disk (922) JP /

Notes

UPDATED:

DO/EO PARALEGAL BIWEEKLY TIME WORKSHEET

Name

Charitta Burt

Team

2

Pay Period

9

Period Ending

5-12-07

ACTIVITY	FIRST WEEK							SECOND WEEK							SUBPROJECT CODE	BI-WEEK TOTAL HRS.
	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA		

1. Contingency Time																
2. Customer Service																
3. Staff Meetings																
4. General Paralegal Training (Identify in remarks)																
5. Special Projects (Identify in remarks)																
6. Other Training (Identify in remarks and include proper subproject code)																
7. Union Activities (Identify in remarks and include proper subproject code)																
8. Other (Identify in remarks and include proper subproject code)																
A. TOTAL OTHER TIME (1 to 8)																

B. ANNUAL LEAVE	Total Hours															
	Regular (check one)	From	To													
	FLA															
	FMLA															
	Regular (check one)	From	To													
	FLA															
	FMLA															
C. SICK LEAVE	Total Hours															
	Regular (check one)	From	To													
	FLA															
	FMLA															
	Regular (check one)	From	To													
	FLA															
	FMLA															
D. ADMINISTRATIVE LEAVE	Holiday															
	Miscellaneous															
	(includes blood donations, voting, weather, holiday)															
E. Detail	Org Code															
F. Compensatory time taken (Enter on Comp. form)																
G. IFP Credit Hours taken																
H. Regular Production Hours (regular hours at work minus A - G)																
I. TOTAL REGULAR HOURS IN PAY STATUS (A to H)																

J. Overtime Hours in Home Group	Regular															
	Holiday															
	Regular															
K. Compensatory time Worked (Enter on Comp. form)																
L. IFP Credit Hours worked																
TOTAL HOURS IN PAY STATUS (I to L)																
TOTAL PRODUCTION (H & J to L)																

Remarks:

Supervisor Verification: _____

INITIALS

Days of the week Apr/May 2007

29 30 1 2 3 4 5 6 7 8 9 10 11 12

Signature: _____

Date: _____